A 40-year-old man developed headache and a left oculomotor nerve palsy. MRI revealed diffuse enlargement of the pituitary gland and thickening of the pituitary stalk with strong gadolinium enhancement (figure). CSF examination showed a lymphocytic pleocytosis; there were laboratory findings of panhypopituitarism, but no related symptoms. We administered IV methylprednisolone. The headache and ophthalmoplegia showed a dramatic response, resolving 5 days later. Lymphocytic hypophysitis is characterized by autoimmune inflammation of the pituitary gland, usually presenting with headache and visual disturbances in women, rarely with oculomotor nerve palsy. Glucocorticoids effectively reduce inflammation and support adrenal function.

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Study funding: Supported by a grant of the Korea Health 21 R&D Project, Ministry of Health & Welfare, Republic of Korea (A080750).

Disclosure: Dr. Moon reports no disclosures. Dr. Kim serves as an Associate Editor of *Frontiers in Neuro-otology* and on the editorial boards of the *Journal of Korean Society of Clinical Neurophysiology*, the *Journal of Clinical Neurology*, *Frontiers in Neuro-ophthalmology*, and *Journal of Neuro-ophthalmology* and receives research support from SK Chemicals, Co. Ltd.

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Painful oculomotor nerve palsy due to lymphocytic hypophysitis
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Neurology 2011;76;104
DOI 10.1212/WNL.0b013e318203e99e

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